Adult FAQ

Status Report

1. **What are the qualifying services for the Outcomes Project?**

    The qualifying services are:
    - Community Psychiatric Rehabilitation – Intensive Level (CPR)
        At this time Intensive CPR is NOT available **for adults**
    - Community Psychiatric Rehabilitation – Rehabilitation Level (CPR)
    - Targeted Case Management (TCM)
    - Purchase of Service Case Management (POS)

2. **Who do we submit data for?**

    Follow the protocol outlined in the memo dated July 1, 2002, subject line: Changes in Adult Status Report and MCAS (see Appendix A for a copy):

    Clients who are admitted to one of the qualifying services or has an annual review and is receiving at least one of the qualifying services during September or March need to have an Adult Status Report and modified GAF score completed. Of these clients, a discharge Adult Status Report and modified GAF score needs to be completed when the client is discharged from the qualifying services, no matter what month the discharge occurs.

    Examples
    a. If a client is admitted to a facility in August and begins receiving a qualifying service, an Adult Status Report does not have to be completed.

    b. If a client is admitted to a facility in August, but does not begin to receive a qualifying service until September, then an Adult Status Report would have to be completed.

    c. If a client begins receiving a qualifying service in September and is moved to another qualifying service in December, then an Annual Review Adult Status Report would have to be completed the following September.

    d. If a client begins receiving a qualifying service in September and is moved to a service that Outcomes is not collected on, then a Discharge Adult Status Report would have to be completed when the client switched services.

3. **Does everything on the CPS Adult Status Report have to be completed?**

    Yes, every section on the CPS Adult Status Report should be completed. Where it asks for the average number of hours worked or number of times a mental health intervention was utilized, these will be your best estimate.

4. **Do we complete the MCAS?**

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No, DMH decided to discontinue the MCAS and begin using the modified GAF effective July 1, 2002. A memo dated July 18, 2002 with Subject Line: Modified Global Assessment of Functioning (GAF) was mailed to each facility. A copy of the memo can be found in Appendix B. A copy of the Modified GAF can be found on the DMH internet site at http://www.modmh.state.mo.us/cps/cpsoutcomes. If you have any other questions, you may contact:

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5. **Can we submit the old CPS Adult Outcomes Packet (version 4-98) if it was completed on a client who meets the sample criteria?**

   No. The new CPS Adult Status Report will have to be completed for this client. Since the sampling method is in place, every client who meets the criteria will have to have a CPS Adult Status Report completed.

6. **How do we know which clients need an annual review?**

   A Follow-Up Reminder Report will be sent to you 2 to 4 weeks beforehand.

7. **Reporting Month/Year (Formerly Report Date): What date should appear on the Status Report?**

   Report Date was changed to Reporting Month/Year in the 12/02 version. For Admission and Annual Reports, if a client's Adult Status Report was completed a few days early or a few days late, that's fine, but the Reporting Month/Year will reflect the month and year the Adult Status Report was due.

   For Discharge Reports, the Reporting Month should reflect the month and year that the discharge occurred.

   Examples

   - If a client was admitted to a qualifying service on September 30, 2002, but the Adult Status Report was not completed until October 5, 2002, then the Reporting Month/Year should be September 2002.

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- If a client had an annual review due on September 5, 2002, but the annual review was completed on August 28, 2002, the Reporting Month/Year should be September 2002.

- If a client had an annual review due on September 30, 2002, but the annual review was not completed until October 5, 2002, then the Reporting Month/Year should be September 2002.

- If a client who was in the sampling method is discharged in December, 2002, then the Reporting Month/Year would be December 2002.

8. Reporting Month/Year: What happens if annual date changes?

The Annual Date does not change, but the Adult Status Report could have been completed either a week before the annual date or a week after the annual date. The Reporting Month/Year on the CPS Adult Status Report should be the month and year that the annual date occurs.

Example
If a client has an admission date of September 30, 2002, but the CPS Adult Status Report is not completed until October 3, 2002, then the date on the CPS Adult Status Report should be September 2002.

9. Reporting Month/Year: A client has an intake completed in September, but does not see the physician until October to confirm eligibility for Rehab CPR. Should the clinicians complete an Adult Status Report on all clients at intake who seem to be Rehab CPR eligible, or should they wait until Rehab CPR eligibility is confirmed?

The client should not be admitted to Rehab CPR until the agency has completed all eligibility requirements for Rehab CPR including the Physician Consultation Report. The Adult Status Report should be completed on those whose eligibility determinations are completed in the months of September and March. The Rehab CPR episode data in CTRAC should reflect the date the client is confirmed eligible for Rehab CPR.

Note: The agency is responsible to set the date for eligibility.

10. State Id: What is the State ID and where do I find it?

The State Id is a unique number generated when the child first receives services from the Department of Mental Health. It can be found in CTRAC. *Note: The State ID is different from the internal agency chart number.*

11. Agency Site: What is the Agency Site and where do I find it?

The Agency site is an optional 3 digit numeric field for provider use only. It allows the provider to track the site of the service. It is up to the provider to come up with codes for their sites, if they wish to use this field. *Note: It is NOT the internal agency chart number or agency code.*

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12.   Program Type: Is Adult Intensive CPR available?

At this time Intensive CPR is NOT available **for Adults**.

13.   Program Type: If a client is admitted to a facility on September 5 into Rehab CPR and the Adult Status Report is completed, and then on September 20 this same client is moved into TCM does the facility need to do another Adult Status Report?

If the Adult Status Report is completed on September 5, another Adult Status Report would not be due until the next September unless the client was discharged from all qualifying services.

14.   Program Type: If a client is admitted to a facility on September 5 into Rehab CPR and the Adult Status Report was NOT completed, and then on September 20 this same client moved into TCM, does the facility need to do an Admission Adult Status Report for the TCM or the initial Rehab CPR?

When the Adult Status Report is completed, it would be for the initial admission.

15.   Program Type: Do we collect data on CPR-Maintenance Level Adult clients?

No. If a client moves from Rehab CPR to Maintenance CPR, then a Discharge Adult Status Report would have to be completed. Under Program Type, Rehab CPR should be checked. Under Assessment Type, Discharge Report would be selected. The Discharge Reason would be 1. Client Improved (No longer needs level of service).

16.   Program Type: Why is CPR-Maintenance on the form if you do not collect data on the program?

DMH does not require data collection on CPR-Maintenance Level Adult clients at this time. However, if the provider would like to track changes in level of care, they are able to do so by selecting which level of care the client moved to under Program Type and selecting the service they had moved from under Level of Care.

Intensive CPR is on the form, so when the service is available to be provided, CPS can collect Outcomes on this service.

17.   Program Type: In September 2002, a client is admitted to Rehab CPR. In December 2002, the client is moved from Rehab to Maintenance CPR (a non-qualifying service for Adult Data Collection). In March 2003, the client is moved from Maintenance to Rehab CPR. How often would a CPS Adult Status Report have to be completed in this example?

In this instance, the clinician would have to complete an Admission Status Report in September 2002, a Discharge Status Report in December 2002, and another Admission/Readmission Status Report in March 2003. Assuming the client remains in Rehab CPR, an Annual Review Status Report will be due in March 2004.

Adult FAQ

18. **Program Type: In the example above (question 17), would the client have a new Treatment Plan completed when they are readmitted into Rehab CPR? If there is a new Treatment Plan completed; when would the Treatment Plan be due?**

     Yes. The new Treatment Plan would be due 90 days after admission. Refer to page (10-5) of the CPR Manual.

19. **Program Type: If a client was in TCM, then moved from TCM services to Maintenance CPR, how do you complete the Program Type and the Assessment Type on the CPS Adult Status Report?**

     Since the client is no longer receiving any qualifying services, under Program Type, select TCM and under Assessment Type, select Discharge Report and 1. Client improved (No longer needs level of service).

20. **Program Type: What Program Type is checked if a client is in Maintenance CPR and TCM at the same time?**

     See questions 2. 'Who do we submit data for' and 15 'Program Type: Do we collect data on CPR-Maintenance Level Adult clients'.

     If a client is in Maintenance CPR, then CPS does not require a CPS Adult Status Report to be completed even if the client is receiving Targeted Case Management or is assigned a Targeted Case Manager. If a client is admitted into Maintenance CPR, a non-qualify service for adult data collection; then an Adult Status Report would not have to be completed.

21. **Program Type: If a client is in Maintenance CPR, but is assigned a Targeted Case Manager, do you want TCM or Maintenance CPR checked under Program Type?**

     See questions 2 'Who do we submit data for' and 15 'Program Type: Do we collect data on CPR-Maintenance Level Adult clients'.

     If a client is in Maintenance CPR, then CPS does not require a CPS Adult Status Report to be completed even if the client is receiving Targeted Case Management or is assigned a Targeted Case Manager. If a client is admitted into Maintenance CPR (a non-qualifying service for adult data collection); then an Adult Status Report would not have to be completed.

22. **Assessment Type: If a client was in TCM, then moved from TCM services to Maintenance CPR, how do you complete the Program Type and the Assessment Type on the CPS Adult Status Report?**

     See question 20.

23. **Assessment Type, Discharge Report: Do we collect data on discharges in September and March?**

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If the client was admitted to a qualifying service during any month other than September or March, no discharge data will be collected on that client. If the client was admitted to a qualifying service during a previous September or March, then the discharge data will be collected on that client regardless of what month the discharge occurs.

24. **Assessment Type, Discharge Report: What does the discharge reason "Discontinued Services (Dropped Out) encompass?**

    Discontinued Services includes, but is not limited to, noncompliance and moved out of area without notifying the facility.

25. **Assessment Type, Discharge Report: If the client has moved away without notifying the facility or the clinician cannot contact the client or if the client is deceased, how can the clinician complete the Status Report?**

    The facility should complete the whole form to the best of their knowledge; even if that is for the last time the clinician saw the client.

26. **Assessment Type, Level of Care: When would you use Level of Care?**

    Level of Care will not be used for DMH Sample at this time. However, your facility may want to track movement in level of care for your clients.

    Example
    If a client was in Rehab CPR and moved to Maintenance CPR, then Program Type would be Maintenance CPR and Assessment Type would be Level of Care – From Rehab.

27. **Type of Housing: If the client is in a 'SRO' (Single Room Occupancy) what should the clinician check? Also, if the client is in an Oxford House what should the clinician check?**

    The clinician should review the definitions for the listed types of housing to choose the appropriate type of housing. It has been suggested that SRO would be under Independent Living and Oxford House would be included under 'Other' and specified.

28. **Vocational Activity: On the 8/02 version of the CPS Adult Status Report, type of Vocational Activity "check the 'lowest' type of vocational activity in which the client is currently engaged", shouldn't that be highest type of vocational activity?**

    On version 8/02, 'lowest' referred to the number order of the vocational activities. The lowest numbered vocational activity is the highest functioning vocational activity. On version 12/02, the directions have been reworded "Check the 'highest functioning' type of vocational activity in which the client is currently engaged. The web application has 'highest' type of vocational activity.

29. **Physical Health: Would a woman's yearly checkup or recommended routine checkups be included in Routine Physical Health?**

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Routine Physical Health would include any recommended routine checkups whether yearly checkups or checkups based on specific age.

30. **Physical Health: On version 8/02 of the CPS Adult Status Report, what is the definition of 'Access' under Physical Health?**

    Do not complete the Access column. Leave it blank. The Access column was deleted on the 12/02 version of the CPS Adult Status Report.

31. **Physical Health: If a person has overdosed, but does not receive any mental health services, would that be considered physical health or mental health emergency room?**

    You would enter this under physical health by selecting 'Yes' to Need and 'Yes' to Received in the Emergency row. At this time you do not have to complete the Access column in the 8/02 version.

32. **Communication Services: If a person did not need the service, what do you answer for availability and received?**

    Availability and Received will be grayed out on the web application if the client had no need for communication services. Check 'No' in these two fields on the hard copy if the client did not need the service.

33. **Highest Educational Level Completed (formerly Highest Educational Level): What should be checked if a client is a freshman in college, but has not completed the freshman year?**

    You would check 12 because the client has completed 12 years of school.

34. **Highest Educational Level Completed (formerly Highest Educational Level): What should be checked if a client dropped out of school in the 8th grade, but obtained a GED?**

    You would check 12 because GED is equivalent to a high school diploma.

35. **Legal Involvement: What should be checked if a client had to pay a fine after being convicted of a crime?**

    Convicted or pled guilty should be checked. Since fine is not a choice for the sentence, you do not have to check any of the given sentences.

36. **Mental Health Intervention: On the 8/02 version of the CPS Adult Status Report, does "No hospitalization" pertain to physical health hospitalization as well as mental health hospitalization?**

    No. "No hospitalization" only pertains to Mental Health Intervention hospitalizations. The 12/02 version of the CPS Adult Status Report updated 'No hospitalization' to 'No Mental Health Hospitalizations'. Mental Health Hospitalization includes Psychiatric Hospitalizations and Substance Abuse Hospitalizations. We are not collecting data on hospitalization for physical health at this time. Do **not** include hospitalization for physical health under "Other".

Adult FAQ

37. Mental Health Intervention: If a person has overdosed, but does not receive any mental health services, would that be considered physical health or mental health emergency room?

Since the client only received service for physical health while in the emergency room, you would not indicate that the client was seen in a hospital emergency room for mental health issues.

38. Mental Health Interventions: If a crisis hotline was contacted on behalf of the client, would it be included?

Yes, do check "Client contacted crisis hotline." Include the number of times either the client or someone else has contacted a crisis hotline on behalf of the client. (This is your best estimate.)

39. Mental Health Interventions: If a facility has its own In-House Crisis Team that was utilized by a client, would that be the same as 5. Client contacted crisis hotline or 6. Client seen by mobile crisis team?

 If a client contacted a crisis team, whether it was ACI or not, then 5 or 6 should be checked whichever is correct.

40. Mental Health Interventions: If a client is in crisis, and the clinician and the client meet with the supervisor, what should be checked under Mental Health Interventions?

Check number '7. Other: Specify'. Then specify 'Crisis Intervention'.

41. Recent Substance Use: What does "significant impact" mean?

Each facility will use their best judgment in completing this section. Significant Impact may vary with each client.

42. When will new protocol manuals be available?

New protocol manuals will be completed in December 2002.

43. How do we order more packets?

You can print the CPS Adult Status Report from the DMH Web Site and make copies. There are two sites. The first URL is http://www.modmh.state.mo.us/cps/outcomes/index.htm. The second URL is http://www.modmh.state.mo.us/cps/cpsprog.htm.

44. Who do I need to contact about changes in my facilities contacts, e-mail addresses or telephone umbers?

Debbie Saak
Phone: (573) 751-9484
E-mail: mzsaakd@mail.dmh.state.mo.us

Adult FAQ

45. Who do I contact if I have questions about data collection, CPS Adult Status Report or definitions?

Amy Lister, Research Analyst
Phone: (573) 751-7935
E-mail: mzlista@mail.dmh.state.mo.us

Vickie Epple, Project Manager
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E-mail: mzepplv@mail.dmh.state.mo.us

Adult FAQ

CPS Outcomes Web Application

1. **Do you have to enter all the information to search for a client?**

   No, it is not necessary to enter all search criteria. You can search on State Id or Local Chart Number if the client is already in CTRAC. However, if the client is not found in the results list, then you will have to re-do the search entering all the search criteria (Last Name, First Name, Birth date, SSN, Race, and Sex), since the "New Client" button is not available until you search on all criteria.

2. **When providers search to see if a client is already in the system, will they see a list of clients who have similar information? Is the confidentiality protected within the system?**

   Right now the USER ID access function incorporates a confidentiality statement; however, with CIMOR/HIPPA there will probably be additional changes to protect client confidentiality.

3. **Is the list prioritized as to the closest match?**

   Yes, the higher the Rating on the right, the more likely the match is. However, make sure the client you choose is the correct one; there can be a difference in name, DOB, etc.

4. **Does the information I put in Outcomes Web Enrollment page transfer to CTRAC?**

   Yes.

5. **Does the facility have to enter information in both the Enrollment page in Outcomes Web as well as CTRAC?**

   If the client is not enrolled in CTRAC at your facility when the Adult Status Report is entered in Outcomes Web, then the person entering the Adult Status Report has the opportunity to enroll the client in CTRAC from the Enrollment Page. However, Outcomes Web Enrollment page does not let you enter all of the information required in CTRAC. The person who enters clients into CTRAC at your facility will have to go into CTRAC and complete the information (diagnosis, GAF score, etc.) for the client.

   If the client is already enrolled in CTRAC, then the person entering the Adult Status Report will just have to review the data on the Enrollment Page before entering the Adult Status Report.

6. **If enrollment is completed in CTRAC, do we need to do enrollment in Outcomes Web?**

   If the client was already enrolled in CTRAC, then Outcomes Web will detect the enrollment and you will not have to re-enroll the client. This is specific to your agency. If a client is enrolled in CTRAC with another provider and not your agency, enrollment will have to be completed for the client at your agency.

7. **If a client's record is already in CTRAC, but the Enrollment Page says 'Client enrollment must be completed,' what should I do?**

For Admissions and Reviews, if the client is already in CTRAC, then you will need to check with the person who enters data into CTRAC to see if the client has an open episode with your facility.

For Discharges, if the client was previous entered in CTRAC with an episode at your facility, then you will need to check with the person who enters data into CTRAC to determine if the client's episode has been closed. If the episode has been closed, then the CTRAC person will need to open the original episode (not a new episode) before the discharge CPS Adult Status Report can be entered. Once the CPS Adult Status Report has been entered, then the CTRAC person will have to go into CTRAC and close the episode with the original close date.

Note: You will not be able to get past the Enrollment Page unless there is an open episode for the client at your facility.

8. **When you have a client that has a dual diagnosis, do you enter the client twice?**

    In CTRAC, there are the Provider Episode and Program Episode records. A provider agency "opens" a new client by opening a Provider Episode. There is only one Provider Episode per client per agency. The Provider Episode does not indicate any DMH Division.

    Once a client has an active Provider Episode, Program Episode records are opened for each program in which the client is enrolled at that agency. There can be multiple Program Episodes open concurrently. For instance, if a client is enrolled in TCM, Maintenance CPR and CSTAR, she has three open Program Episodes -- two for CPS and one for ADA. So, the client is "enrolled" at the agency only once, but has many treatment program records within the agency, reflecting all the programs of services being provided and the divisions which fund those respective programs.

9. **Is the enrollment screen printable?**

    Yes. Select the Print button to get up to a two page printout of the enrollment.

10. **Why doesn't County show up on the screen?**

    If an invalid zip code is entered, then county will not appear.

11. **If a client is not enrolled in CTRAC, will Central Office be able to enroll the client while entering Outcomes?**

    No. Central Office is unable to enroll a client in CTRAC for any provider. If you plan to submit September's CPS Adult Status Reports to Central Office to be entered, then all of the clients will have to be enrolled in CTRAC prior to submission.

12. **Where does the clinician's name go on the Outcomes Web Application?**

    The user's name automatically appears on the Adult CPS Status Report on the Outcomes Web Application, but it can be overtyped, if, for example, a data entry person is doing the input.

13. **Will we have to enter this on the Web?**

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Yes, everyone has to be up and running by March 1, 2003.

14. Is Outcomes Web available on the internet now?

You can begin using Outcomes Web once you have your user id and VPN has been set up with OIS. The address to use to access Outcomes Web is http://outcomes.dmh.provider/ClientEnrollment.asp.

15. Do we need to use hard copy or Web Application for September?

You can do hard copy or Web Application for September. However, by March everyone should be up and running to do their outcomes on the Web Application.

16. Can we use this system year round to track all of our clients?

Yes. Department of Mental Health will only look at clients who meet the sample criteria.

17. If we did an assessment and billed Medicaid would it show up on Outcomes Web?

Only if the assessment was a CPS Adult Status Report and it was entered in Outcomes Web.

18. Can anyone other than the original author go back and do the editing?

Currently only the staff at your facility who have a User Id assigned can access your assessments. However, anyone at your facility with a valid User Id can make changes to an assessment, not just the original author.

19. What is the Episode Date?

"Episode Date" is the term used for the date that the client is admitted to the facility.

20. What is the Creation Date?

"Creation Date" is the term used for the date that the status form was actually entered into Outcomes Web. It is recorded automatically and is not typed in anywhere by the user. The "Report Date" is the Reporting Month/Year the assessment was due.

21. What is the Report Date?

For Admission and Annual Reports, if a client's Adult Status Report was completed a few days early or a few days late, that's fine, but the Reporting Month/Year will reflect the month and year the Adult Status Report was due.

For Discharge Reports, the Reporting Month should reflect the month and year that the discharge occurred.

Adult FAQ

Examples

- If a client was admitted to a qualifying service on September 30, 2002, but the Adult Status Report was not completed until October 5, 2002, then the Reporting Month/Year should be September 2002.

- If a client had an annual review due on September 5, 2002, but the annual review was completed on August 28, 2002, the Reporting Month/Year should be September 2002.

- If a client had an annual review due on September 30, 2002, but the annual review was not completed until October 5, 2002, then the Reporting Month/Year should be September 2002.

- If a client who was in the sampling method is discharged in December, 2002, then the Reporting Month/Year would be December 2002.

22. Why can't I enter a discharge for a client?

If a client has already been discharged in CTRAC, then Outcomes Web will not allow you to enter the discharge information without doing a few extra steps. This is why it is important to get the CPS Adult Status Report completed for discharges and entered in Outcomes Web as soon as possible.

The procedure for reopening an episode is as follows:
1) Go into DMH-CTRAC key in the State ID
2) This will take you to the Sub-Menu choose '98'
3) Maintenance Menu: Data Integrity
4) This will take you to the Maintenance and Programming Sub-Menu choose '30'
5) Blank out Provider Discontinuation Date/Time
6) Complete the form

After you have reopened the episode, enter the Discharge CPS Adult Status Report using Outcomes Web.

After the Discharge CPS Adult Status Report has been keyed in, the CTRAC episode can be closed with the original date.

Note: It must be a CTRAC person to reopen or close an episode.

23. Can we run reports from this system?

An enhancement for the future is to give you back the information that you put into the Web Application.

24. Will we have report descriptions?

Adult FAQ

This will be on the agenda for the next outcomes meeting. After everything is up and running with the new outcomes system, the reports piece of the project will be next.

25. Will the Access Request Form be available on the web?

There is an Access Request Form on the Web. It is on the DMH Internet page – Offices – OIS – Provider Access Request Form. The URL is http://www.modmh.state.mo.us/homeinfo/offices/ois/infosy.html.

This information is also on the DMH Internet page: CPS – Outcomes. The URL is http://www.modmh.state.mo.us/cps/outcomes/index.htm.

Also, you may contact:

Debbie Saak
Phone: (573) 751-9484
Email: mzsaakd@mail.dmh.state.mo.us

26. What do we fill in for the SDC Netname?

Do not fill in SDC Netname if all you are requesting is Outcomes Web.

27. Does the person entering data in Outcomes Web have to have access to CTRAC?

Yes, CTRAC access is needed, but you do **NOT** have to explicitly request it. When DMH receives a request for access to Outcomes Web, a User Id will be set up with permissions needed to do the CTRAC work within Outcomes Web automatically as part of the request. In fact, do **NOT** indicate on the form that you want CTRAC access when you're getting set up for Outcomes Web, because that causes a lot of extra definitions to be set up at the State Data Center that aren't needed. Likewise, don't fill out the SDC Netname.

When requesting access to Outcomes Web, literally all that's needed on the form is the following: name, SSN, userid if they already have one, provider name and number, division, sign the confidentiality statement, and check "Add" next to Outcomes Web in Part 3.

28. Is there an easy way to review the data or edit a record that has been entered on Outcomes Web?

Yes. Once you are on the enrollment page, instead of selecting CPS Adult, you can click on Assessments. This will take you to a page that lists the assessments that have been completed for this client. To review or edit a Status Report, simply click on the Status Report you want to review or edit.

29. Who do I contact if I have questions about the web application?

Data or form questions:

Adult FAQ

Amy Lister, Research Analyst
Phone: (573) 751-7935
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Vickie Epple, Project Manager
Phone: (573) 751-8031
E-mail: mzepplv@mail.dmh.state.mo.us

Training Questions:

Debbie Saak
Phone: (573) 751-9484
E-mail mzsaakd@mail.dmh.state.mo.us

Other Questions:

Customer Support Center
Phone (573) 526-5888
Toll Free 1-888-601-4779
E-mail mzdmhcso@mail.dmh.state.mo.us

Note: If you have questions about whether or not you have your VPN connections set up, contact the security coordinator at your agency first. Have the security coordinator contact the Customer Support Center if he/she has any questions about the VPN.

MISSOURI DEPARTMENT OF MENTAL HEALTH

Division of Comprehensive Psychiatric Services

OFFICIAL MEMORANDUM

TO: Administrative Agent Executive Directors and
                 Clinical Managers

FROM: Steve Reeves, Director of Administration and Quality Management
                 Vickie Epple, Outcomes Project Manager

SUBJECT: Changes in Adult Status Report and MCAS

DATE: July 1, 2002

In an effort to reduce paperwork and be sensitive to some of the difficulties that may be encountered due to the budgetary reductions for FY'03, the Division of CPS is changing the Outcomes data collection process.

First, the required use of the Multnomah Community Ability Scale (MCAS) will be eliminated, immediately. Upon receipt of this correspondence the need to assess clients with the MCAS and provide the assessment results for CPS outcomes is no longer required. Second, effective July 1, 2002 we will be modifying the data collection process to utilize a sampling method in place of the requirement for data on all clients. Attached to this correspondence is an outline of the new sampling methodology. More detailed information on these changes will be provided in the near future. However, until September 2002 you will not need to submit the Adult Status Report for newly admitted clients or for clients in the process of receiving annual reviews.

The Division, acting on recommendations from the CPS Outcomes Steering Committee (COSC) has chosen to use the Modified Global Assessment of Functioning (GAF) as the replacement symptom/functioning tool. The GAF is already a part of the information entered into CTRAC as reported in Axis V. Since most agencies already utilize the GAF, this change should not cause any additional burden to staff. This information will be input onto the Adult Status Report as part of the new Outcomes process.

Thank you for your cooperation and assistance. We believe that this change can reduce the paperwork load on our valuable clinicians and improve the overall success of the Outcomes project in the future. If you have any questions or concerns, please contact Vickie Epple at (573) 751-8031

Enclosure
Cc: Linda Roebuck
                 Tom Rehak
                 Regional Administrators

Adult FAQ

Comprehensive Psychiatric Service
Division Outcomes Program
Modified Adult Protocol

- The modified GAF is required for all clients admitted to agency programs and entered into the DMH client data system (CTRAC)
- The provider will complete an Adult Status Report for all clients admitted during September and March, each year.
- Adult Outcome Protocol – Admissions
  - Current data collection is suspended until September, 2002
  - An Adult Status Report and GAF score will be submitted on each new admission for the month of September and March
    - The Adult Status Report and modified GAF score will be due the 10th working day of October for September admissions and April for March admissions.
  - In November and May you will receive a list of all clients admitted to your agency according to CTRAC for whom outcomes information was required but not submitted
    - An Adult Status Report and modified GAF will need to be completed for these individuals
- Adult Outcome Protocol – Annual Reviews
  - In August, 2002 a list of Annual Reviews due from the previous September will be sent to the agency and an annual review will be completed. The review on these individuals would include the completion of an Adult Status Report and updated Modified GAF score
    - For example, all Admissions in September, 2001 the provider will complete a review on those adults in September, 2002
- Adult Outcome Protocol – Discharges
  - Discharges will be completed for anyone discharged from the agency who is a part of the sampling in which Outcomes are required:
    - An Adult Status Report and modified GAF will be completed on any adult in the outcomes sample that has been discharged;
      - These forms will be completed at the time of discharge. For example, if an adult is discharged in January a Status report and modified GAF will be completed in January.

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MISSOURI DEPARTMENT OF MENTAL HEALTH

Division of Comprehensive Psychiatric Services

OFFICIAL MEMORANDUM

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TO: Administrative Agent Executive Directors and
           Clinical Managers

FROM: Steve Reeves, Director of Administration and Quality Management
           Vickie Epple, Outcomes Project Manager

SUBJECT: Modified Global Assessment of Functioning (GAF)

DATE: July 18, 2002

This is in reference to the July 1, 2002 memo concerning the changes in the Adult Status Report and the MCAS. The Division will be using the Modified Global Assessment of Functioning (GAF) as the replacement symptom/functioning tool. The modified GAF scale has a more detailed criteria and a more structured scoring system than the original GAF.

The modified GAF is a more reliable instrument. The original GAF is a part of the information entered into CTRAC as reported in Axis V. Since most agencies already utilize the GAF, this change should not cause any additional burden to staff. There are two attachments included: first, a narrative on the modified GAF; and second, the scoring guidelines. The modified GAF uses additional criteria added to most of the 10-point intervals for the purpose of decreasing the variability in scoring. This has increased the reliability of this symptom/functioning instrument over the original GAF.

Thank you for your cooperation and assistance. If you have any questions or concerns, please contact Vickie Epple at (573) 751-8031

Enclosures
Cc: Linda Roebuck
           Regional Administrators
           Policy Team